Twenty-seventh Annual Report

The Instructive District Nursing Association

Boston

Year Ending January 31

1913

D. W. Moreland

Branch Station — North and West Ends

Incorporated 1888

TWENTY-SEVENTH ANNUAL REPORT OF THE

INSTRUCTIVE DISTRICT NURSING ASSOCIATION

FOR THE YEAR ENDING JANUARY 31, 1913

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Endowed

MISS MARGARET M. COLEMAN, R. N. — SOUTH END

The Bertha J. Raemisch Nurse
Endowed

MISS ANNE M. DEVANNY, R. N. — SOUTH BOSTON

The Anne P. Cary Nurse
Endowed for six months annually
MISS ANNIE P. RILEY

The Theresa H. Blake Nurse

MISS CORA E. P. ELLIS, R. N. — ROXBURY

The Helen E. Cary Nurse

MISS MARY MCAVOY, R. N. — SOUTH BOSTON

The Rebecca A. Green Nurse

MISS KATHRYN MURNANE, R. N. — NORTH AND WEST ENDS

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THE WORK OF TEN NURSES IS PAID FOR BY THE METROPOLITAN LIFE INSURANCE COMPANY
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GENERAL INFORMATION

Applications for nurses received at District Nursing House, 561 Massachusetts Avenue

Telephone Tremont 44 and 45

1. The Association provides trained nurses whose duty is to visit sick persons in need of nursing care, to care for them at their homes, and to teach the families they visit the simple rules of nursing and hygiene.

2. A nurse is furnished without charge to those unable to pay for her services, but patients in better circumstances are expected to pay from five cents a visit upward to fifty cents, which covers the cost of the nurse's time to the Association.

3. The nurse responds to every new call, but she continues with the care of the case only in conjunction with the physician in attendance.

4. Maternity cases will be attended as early during confinement as reported. The District Nurse is not on call for cases at time of delivery.

5. The nurses' hours for visiting are between 8.30 A.M. and 5.30 P.M. Only necessary visits are made on Sundays and holidays.

6. Special nurses for constant day or night service are furnished when the doctor considers it inadvisable to send the patient to a hospital; when the case is not chronic; when the case will not require more than three days' continuous nursing. The services of these nurses shall be paid for whenever possible.

7. Calls at night must be made by physicians for cases of emergency only.

8. All cases requiring help other than nursing care in the home are reported to other sources of aid.

ANNE P. CARY MEMORIAL NURSE

WHEN in 1911 an attempt was made to raise an endowment fund for the Instructive District Nursing Association, it seemed an appropriate moment in which to memorialize the great services of the first vice-president of the Association, Miss Anne P. Cary. Miss Cary was, until just before her death in 1898, the only vice-president of the Association after it had grown into an incorporated body from a small experiment undertaken by a committee of the Woman's Education Association. None of those who worked with Miss Cary feel that they can overrate the influence she exerted in the early days of struggle and uncertainty. Always quick to see the value in new suggestions, she also had experience and wisdom sufficient to check too rash or too far-reaching innovations. All charitable work has its pitfalls, even for the most unselfish and devoted, and some of us can look back to days when it was not easy to guide a rapidly growing charity through troubled waters. Then it was that Miss Cary, already invalided, was of inestimable service. Sometimes the Board met in her drawing room, that she might still form a part of its counsels, but even after she was too ill and suffering to appear among us in this way, the Secretary would go to her at the request of the Board and get from her for the next meeting opinions and judgments that greatly helped to shape its ultimate decisions.

The appeal for a sum of money to endow some feature of the present work in memory of Miss Cary met an ardent response from her relatives and personal friends.

The Association now employs many nurses, among whom for the past ten years none have been more valuable than those engaged in prenatal work. We believe, in fact, that a most significant phase of our development has been the care and instruction of women about to become mothers, and surely

the importance of such definitely preventive work in the poorer districts of a city cannot be overestimated.

Another of Miss Cary's philanthropies which she held dear was the Massachusetts Infant Asylum. It seemed, therefore, to your committee both natural and wise to associate these two causes with her memory, by devoting the fund of $10,175 contributed by Miss Cary's friends to prenatal nursing. The income thus made available will suffice to support such a nurse for six months every year, who will be designated as "The Anne P. Cary Nurse."

PRESIDENT'S REPORT

THE unusual tribute of praise that comes from the Treasurer gives me courage to introduce the subject of finance before other more interesting topics.

A year ago at this time we were facing a debt of $4,200, instead of a credit of $3,000 the year previous. We had committed ourselves to the further expenditure of $2,300, and we were undertaking a policy which seemed surely to involve us in extra expense.

Happily, the income from the Special Endowment Fund started at our twenty-fifth anniversary, which has reached $68,000, was sufficient to meet the extra expense of $2,300, but the $7,000 was still there to be considered.

Thanks to several of our very best friends, whose generosity is always a wonderful incentive, and to over 150 new subscribers and to Jamaica Plain, which since June 1 has assumed the financial responsibility of the nursing for that district, and to the Managers, we have raised enough money to cover all expenses for the year and have been able to return to our General Fund $1,200 of the $4,200 borrowed last year. With the exception of the Director's salary, we have spent less than we did the year before.

Let us see what has been accomplished.

1. We have brought the two big branches of our work together, the work of the staff nurses and that of the students, so that no duplication can exist.

2. We have established branch stations in seven centers, with head nurses in each.

3. We have inaugurated a new record system involving an entire change in cards and stacks.

4. We have appreciated and have undertaken to shoulder our responsibility towards the social condition of each family we visit, which involves more time spent by the nurses.

Vernon Place

5. We have taken under our supervision two nurses to be Domestic Educators.

6. We have joined with the School for Social Workers in establishing an eight months' course for nurses, consisting of district nursing and social work, and this first year have had all the nurses we could well accommodate. No fees are asked by us, but $60 is asked by Simmons College, of which the School for Social Workers is a part.

7. We have placed our four months' course on the basis of having the nurses pay their own board and lodging instead of the Association doing so. No fees are asked. Scholarships are given to four nurses who live in the Home free of charge.

8. We have been developing work among the Negroes by having a pupil nurse come from the Plymouth Hospital (colored) and by being fortunate enough to have a colored nurse taking the four months' course.

9. We have raised the salaries of the nurses who are assuming extra responsibilities, and also those of the unusually competent office force.

10. We have installed a housekeeper, which plan has proved a thorough success.

11. We have done one thing that in itself seems small, but which gratifies Managers, nurses, and volunteers alike—the transforming of a bedroom into a sitting room. The Managers can hold their meetings now without interfering with the details of luncheon; the volunteers can manufacture their premature jackets and sponges without the restraint of the office; and the nurses have a comfortable place to meet each other in their hours off duty, and can forget that there ever was a record system.

12. We have cared for 496 more patients than last year. Number of patients, 10,784. Number of visits, 107,969.

These new developments, heartily indorsed by the Managers, are really the result of the fine wisdom of our Director, Miss Beard, who took hold of our problems a year ago with

a sympathetic understanding of the traditions of the past and a clear vision of the possibilities for the future.

She has justified the Managers in their belief that the Association, to take its proper place in the community and the country, should have some one who could give her time freely to studying the best methods of work and adapting them to our needs, and one who could respond to the need of other societies which touch us on every hand.

The School for Social Workers of Simmons College asked Miss Beard to talk to two groups of their students.

The Associated Charities Conference of Ward 16, the Dorchester Relief Society, the Waltham Hospital, the Jewish Mothers' Club, and two of the public schools are a few of the many agencies for public welfare which have asked her to address them.

Several societies have asked her to be a member of their committees. The Advisory Committee of the Household Nursing Association of the Women's Municipal League is one of the few of the Boston committees she has allowed herself to join.

The fact that Miss Beard was asked to serve on the committee for drawing up the constitution for the new National Organization for Public Health Nursing, and later was made a director and is now serving on three sub-committees of that organization; and that she has been asked by Miss Nutting, of Teachers College, New York, to serve on the Committee of the League for Nursing Education; and that she has been chosen president of the Massachusetts Club for Public Health Nursing which has just been started, shows how she has helped and is helping us to take our place among the District Nursing organizations in the country.

We believe that, although there are still many things to be bettered, the changes that have been made have materially increased our efficiency and therefore our usefulness.

During the first eight months of the year, Miss Beard carried on both branches of the work, with Miss Bridges as

her assistant as well as superintendent of the post-graduate course. On October 1, Miss Bridges' whole time was given to assisting Miss Beard, and Miss Bessie S. Le Lacheur, graduate of the Massachusetts General Hospital and Teachers College, New York, took charge of the school. Most unfortunately for us, she had to leave in January on account of illness.

All of those who have had the opportunity of knowing Miss Le Lacheur in the few months that she has been with us realize what a hardship it is to have to lose her for an indefinite period of time.

She gave us in the short period she was here, with her very rare personality and love for humanity, something that was very true and inspiring.

Before she left, she had helped Miss Beard to decide on a plan to carry on the course in her absence.

Her work is now to be shared by three people.

The practical teaching work on the district is put in the competent hands of Miss Bridges, who has shown her ability and devotion in so many ways. All the students are in one district, which is termed the Model District. This has been one of Miss Le Lacheur's plans which is now in practical working.

The lectures for the four months' course will be given by Miss Beard and Miss Wilks, who has given up the second half of her eight months' course to become Miss Beard's assistant. The lectures given at the School for Social Workers on medical-social subjects will be available to the class.

We have one committee which is never appeased, that always stands with hands wide open, begging for old cotton and linen and often for infants' clothing, sheets and pillow cases, women's nightgowns, etc., but always old cotton and linen. There is one unusual demand this year. This is a typewriter—one with a universal keyboard. A safe is also needed.

This committee wishes to thank the Sewing Circles and

Guilds and the many friends who have sent generous contributions.

The volunteers are beginning to help out this committee by visiting some of the Supply Closets at the Branch Stations and seeing that each one is filled with the standard number of supplies.

The gift of $5,000, in memory of Francis H. Cummings, was particularly appreciated.

We have an increasing feeling of gratitude towards those churches which have stood by us so long, King's Chapel and the Arlington Street Church and also the Women's Society of Temple Israel, a newer friend but a very good one.

The trustees of the Mrs. Arthur T. Lyman Fund continue their gifts toward the sick and tired nurses and special work. This fund is watched over in the tenderest manner, so that there may always be something in the treasury for a critical time.

Our staff of nurses is six times as large as when this fund was given us, and the need of assured vacations for our workers in time of illness is more and more felt.

The Christmas spirit in Roxbury, with the greens and trees and carols, that took the place of the Red Stockings this year, was very delightful, and those who had the fun of carrying in automobiles the baskets of fruits and jellies from the State Flower Mission, and the heavily-laden Christmas dinner baskets from the Roxbury Charitable Society, through the wonderful snowstorm on the day before Christmas, forget their freezing fingers and toes and remember the looks of gratitude and pleasure of those who received them. Roxbury was not alone in its Christmas rejoicing, as through the other districts the baskets were distributed and many of the children had a toy from the nurses, and the Young Men's Christian Union entertained many at their Christmas tree.

The State Flower Mission was equally generous at other times, and the Boston Fruit and Flower Mission also.

Many things besides the Christmas tree have come from

the Young Men's Christian Union and have won our gratitude—car and harbor tickets, carriage orders, country week, and the New Year's Festival.

The Diet Kitchens have helped us in the same generous way as in other years.

The enthusiasm shown by the nurses in making the reorganization a success and the natural avoidance of that horrible ultimatum, "giving up a district," have made us perhaps slow to see that we were asking too much of many of our nurses, but we must now realize that it is not fair either to them or to the work or to our Director not to give them more help.

Miss Beard has made out a budget for (nurses') salaries which she feels would allow for enough nurses to do the work without pressure—$3,096 a month, and the Board has agreed to allow this to stand for this month at least. This means that three more nurses have been put on, making seventy in all, and it also means that every woman on our lists who is expecting a baby may now receive the care that has been set as a standard by the Boston Prenatal Committee. It is the first work that has to be dropped when pressure comes, and the last that ought to be. Five hundred dollars, the income from the Anne P. Cary Fund, is to be used for prenatal work, which is the first special appropriation made for it.

There are today seventy nurses working for the Association: a Director and her assistant, an instructor in the Model District, six Supervisors, a Registrar and her assistant, seventeen staff nurses, one factory nurse, one Nurseries nurse, two Domestic Educators, the half time of one nurse for supervising prenatal work, fourteen substitute nurses, eighteen students, and five undergraduates.

What is needed now is the promise of $3,000 to insure the support of the three extra nurses whom we have put on this month. We do not need the $3,000 at once, but we do need $250 now and $250 the next month, and so on for the year.

We need also to secure $3,000 more, so that we may not have to fall back again, as we did this year, on the few friends who give largely at all times.

We have spent about $52,000 this year on running expenses, and next year we shall need $55,000.

In an excellent article printed in *The Visiting Nurse Quarterly* last year, "Concerning a Few of the Duties and Privileges of Trustees," is the following: "There is another danger which good trustees must beware of, and that is administering the affairs of their organization so as to have a large balance in the treasury. A large balance is, in fact, a confession of failure, inasmuch as it represents just that much work undone. In charity one must learn to think in terms of work, not in terms of money. A philanthropic organization is not a business run for accumulation, but a business run for disbursement, the only care being that every dollar expended should have just the smallest amount possible used in the spending of it. Apart from this essential difference, the other essentials which are observed in doing good business should be observed in the conduct of good charities."

I think that this embodies our feeling in regard to our financial policy. We try to think in terms of work rather than in terms of money, and the duty of the managers is to see that the money is there to do the work.

Miss Beard has given us her attitude toward the work in her report for the summer:

"I want every cent to be well spent, but I cannot conscientiously say that my plans will or do, in any sense, mean retrenchment, but always expansion, just so far as we are justified in it; and personally I believe so strongly in all we have begun that I am confident the public will also strongly feel it and fully support it."

DIRECTOR'S REPORT

THIS year will find each visiting nurse association in this country reporting at its annual meeting upon one event so important to us all that it must have first place in every local report.

A national society has been founded. People interested in this form of service, living anywhere within this nation, are now bound together in a manner that should make the strength of one locality equally the strength of all, and should cause us each to redouble our efforts towards perfecting our ideals when we realize that our weakness is not ours alone, but will also react upon every association in the country.

The ready response to the calling together of visiting nurses for this purpose was a stimulating and an inspiring thing to see. England and Canada had already organized their forces. Laymen and nurses alike recognized the advantages of standardizing such work as ours, of publicly recognizing the principles for which we stand, and of joining together in the splendid, difficult, very complex battle we are fighting against those many forces which destroy our public health.

The president of our new organization was unanimously elected. Only one woman in this country is fitted by her experience, her wisdom, her ability, and her devotion to fill this office—Miss Lillian D. Wald, of the Henry Street Settlement, New York City.

An executive secretary, whose duties are to include occasional visits to all of us and frequent advice, was also appointed. Miss Crandall, of the Department of Nursing and Health, Columbia University, was appointed by the executive committee.

A local Massachusetts Club, to draw us closer together and to unite us to this national body, has also been formed

during the past few months. The object of the Club, as set forth in the Constitution, is as follows:

To create and promote a common fellowship among public health nurses.

To share the knowledge gained through individual experience in medical-social work.

To recognize our responsibility in taking part with the organized social forces of this state.

To prepare for affiliation with the National Organization for Public Health Nursing.

The officers of the Club are these:

Honorary President, Dr. Richard C. Cabot.

First Vice-President, Miss Helen McCaffrey, head of Boston school nurses.

Second Vice-President, Mrs. Jessie M. Smith, of New Bedford.

Secretary, Miss Mary Strong, of the South End House.

Treasurer, Miss Zepha Gardner, head of tuberculosis nurses in Boston.

In filling the office of president, our own Association is represented by my election.

Any individual, not a nurse, who is interested in public health nursing is eligible for associate membership in this Club. The nurses have felt that a club including lay members will be very helpful to all of us.

To turn from this progressive step to our immediate concerns in Boston:

In February, 1911, the following statement was made by our Association and published in a descriptive pamphlet: "There are today too many unrelated groups of nurses in Boston. Among them there is much duplication, waste of time and money, and the public, which we are all trying to help, is in reality the sufferer. It is time to organize the nursing system and to coöperate for the general good, and this Association desires to take its part in carrying out the best possible plan."

One coming to study this work in February, 1912, would have found the fruits of twenty-six years of faithful effort and struggle towards a high ideal of service. The devotion behind it all was very apparent. The thorough quality of the nursing was very marked. Two distinct pieces of work were going on. One was district nursing; the other was a school for district nurses. There are more than 1,092 district nursing associations in the country. Boston is the first city to have attempted the special education for these district nurses. At present, our schools for nursing are not preparing women for this special form of nursing. The women most interested in the progress of nursing education believe that hospital training schools should be so equipped. Until the time arrives when this is true, the demand for such educational opportunity must somehow be met. Almost every week we receive letters from towns and cities all over the country asking us to recommend nurses having had this special training, to fill positions of responsibility. Nurses undertaking such positions must be qualified to see the needs and opportunities of the towns into which they go, and must have a broad conception of the whole social problem in that community.

That well-trained nurses are eager to avail themselves of a preparatory course was evident when in October eight such nurses were enrolled for our first year's work in the advanced course, covering a period of eight months. In order to offer this advanced course, we affiliated with the School for Social Workers. Besides these eight nurses who entered in October, there were thirteen nurses taking a shorter course which will be described later.

Since February, 1912, thirty-seven nurses have completed this shorter course. Four others began and had to postpone or give it up because of illness. Seven eight months' students are with us now, and twelve are taking the four months' course.

Stamford, Connecticut; Troy, New York; Cleveland, Ohio; Danvers, Mattapoisett, New Bedford, Massachusetts;

Roanoke, Virginia; Gloversville, New York; Madison, Wisconsin;—all these have been provided with our graduates. Our own staff has been strengthened by the addition of seven, and one graduate has charge of the Charlestown Milk Station. One is doing factory nursing in Manchester, New Hampshire; and one is in Winsted, Connecticut, as district nurse.

While it is true that the general hospitals are not offering a preparation for public health nursing, many of these hospitals are anxious to do so. We receive from four Boston hospitals pupils to do nursing under direction in our districts for two months of their time in the training school. A nurse from the Plymouth Hospital, colored, and one from the Charlesgate Hospital have been added this year. We know there are many of our colored neighbors who are not receiving the visiting care they need. We are very anxious to develop this work, and the pupil from the Plymouth Hospital is helping us to do so.

I said that the thorough quality of the nursing was a very marked feature of this work a year ago; may I add a word of personal appreciation of the work of Miss Martha H. Stark, the superintendent of nurses, who maintained this thorough standard of excellent nursing for thirteen years.

The evident needs of the Association were such as inevitably come when a small beginning has gone on until expansion has meant individual excellency rather than the organized and sustained effort of a body of people working as one whole, conscious of their unity and proud of the strength it gives.

For instance, for many years the nurses of our staff have acted as assistants to the district doctors connected with the Boston Dispensary. These doctors had each a nurse assigned to him, whose duty it was to work with him and for him exclusively. In many ways such a special nurse is more satisfactory to the doctor than if she had other duties than those connected with his work. Looked at from a broader point of view, however, there is economic loss in sending several nurses into the same locality to do the same kind of nursing. As an

extreme example of what I mean, suppose there had been three patients ill with pneumonia in one tenement house. Under the special nurse system, three nurses would have gone to that house in one morning and again, perhaps, in the afternoon, if one patient had happened to be under the care of a private doctor, one of the Boston Dispensary doctor, and the other an industrial policy holder in the Metropolitan Life Insurance Company. What we wished to do was to secure the continuation of the thorough nursing care and at the same time to do away with the duplication of method.

Equally important seemed the need of developing the idea of neighborhood nursing in each of the localities where our work is done. Because the Boston Dispensary doctors have done such good work and because our own development has gone along with theirs for many years, there had grown up a feeling among the patients who need our care that we belonged to the Boston Dispensary, that we were solely or largely "charity" nurses. Such a conception of our services would very greatly limit our usefulness. Very many of the patients who need visiting nurses are independent citizens who wish to pay what they can for all they receive.

In order to avoid such duplication, and to emphasize this neighborhood nursing idea, a branch station, headquarters for the nurses, with desks and telephone, was established in each of the seven localities where we work.

A supervising nurse was appointed for each station, and all nurses in that locality report to her every morning, noon, and night. This scheme was adopted, not with any intention of doing away with the personal and independent action of each individual nurse in regard to each individual patient. The head nurse in each station is there to advise and suggest, to be ready to talk with all the doctors at stated office hours, to do the executive work of her locality, to keep in close touch with other agencies, and generally to be responsible for the standards and policy of the Association.

In order to get away from the "charity" idea, the uniform

was changed, and by attracting attention in a quarter where we were familiar figures, served to advertise the fact that we were doing neighborhood nursing. The principle involved in the collecting of a fee, however small, has been emphasized, and our scale of prices, ranging from nothing at all to fifty cents a visit (which actually covers the whole cost), has been advertised and canvassed conscientiously. Some of our patients have learned to pay their fifteen cents for the entire number of visits with real pride in the payment. We have learned to receive it with as much respect and pleasure as the spirit in which it is saved and paid to us demands. Such small fees have trebled in amount since last summer—the sum being now about $300 monthly.

For many years visiting nurses have been doing good work, and doing it with little regard to the problem of public health as it affected the whole country. In our desire to serve our own locality, we forgot that our experience ought to be available for other localities. We neglected the keeping of scientific and accurate records. Within the last three years we have awakened to this neglect and are trying now to use the very valuable information that is ours by right of our service. We are recording and tabulating the facts we know. To do our duty here, we must keep such records as will be of service to those who use scientific methods of dealing with figures—methods that bring about large measures of reform. The system of record keeping is dependent in general upon the accuracy and observation of all the nurses, and is more essentially the responsibility of our registrar, who is a nurse and who has met the difficulties of a first year in a fine spirit of enthusiastic devotion.

When a nurse finishes her work—and she is expected to have finished it at five o'clock in the afternoon—she returns to her branch station and writes out a short account of what she has been doing. She enters the names and addresses of the new patients and of those she has discharged. She records briefly the visits she made and what she did while she was mak-

ing them. These daily reports are taken by the head nurse, a total of the work from that station is made, and the whole mailed to our Central Office. Here, on the morning following, the registrar opens these envelopes and records on her long sheet the visit made to each patient, whether he is being nursed in Dorchester, in South Boston, or in Charlestown. At the same time an index card, with an accession number, is made out for each patient. This number is the key to the whole system. When the nurse in her station has finished her daily report she has not completed the clerical work required of her. She must fill out for each new family a social history card. There is only one exception to this rule. A family which receives only three visits does not have a social history card. Each patient has also a medical history card which must, when the case is closed, present a clinical picture, as the social history card should present a picture of social conditions. When the case is dismissed, these cards are returned to the Central Office and are filed away in an envelope bearing the original accession number. A small card is kept, on which is entered the diagnosis; another, on which the nationality appears. A street index having two objects in view is also kept. Often the name is inaccurately entered, but the street and number are accurate; so that when it is difficult to trace a patient by name, we can do so by having his address tabulated. The other object of this file is in connection with the housing question. For instance, if there should be five cases of illness in one tenement house, this would appear very graphically on the street index card.

We continue to nurse the industrial policy holders of the Metropolitan Life Insurance Company. For each visit this company pays the entire cost. We owe a debt of gratitude to the Metropolitan Company, for it is their businesslike methods of record keeping and our necessity of conforming to these methods which have taught us how large a share the keeping of records plays in our usefulness.

We feel, too, that the independent relation of these

patients to our Association helps us in strengthening the idea that we are neighborhood nurses.

At the Walter M. Lowney Candy Factory we have had a nurse on full-time duty for the entire year. She watches over the health of the employees, advising with them on many questions, not always those relating to their bodily health, and makes many visits in their homes. She has introduced uniform aprons and mobcaps for all the girls to wear at work. She has a delightful little first-aid room in which to receive her patients.

Mrs. Quincy A. Shaw continues to support a nurse to do the work required by the children at the day unrseries, both at the North Bennet Street Industrial School and at Cottage Place Nursery. Her work is very pleasant, as work with children is bound to be. This year she has been making a special effort to help the children who have rickets, who need more than anything else proper diet and regular massage.

We are public servants. To a certain extent our success may be measured by the public acceptance of us and willingness to pay for our service. Believing in public health for the entire community, as we do, we go to many patients who can pay nothing, and we shall always do so and wish to do so.

In thinking over how we have been able to begin our plans for reorganization, I am very much struck with the friendly interest of the whole community in our affairs and with the many kind and generous things that have been done to help us.

Coöperation is an overworked word in our vocabulary, but if ours is a common experience, I wonder only that it is not used more often. When we began our hunt for suitable rooms for our branch stations nearly a year ago, we found, everywhere we went, a delightful spirit of interest and willingness to help. Settlement houses, a boys' club, a church in the West End—these are some of the agencies which have given us a room to use.

No report of the year's work would be complete without

a recognition of the fine spirit of loyalty, involving often sacrifice of personal preference, which has been characteristic of the staff nurses. In changing the organization and detail of working arrangements, involving the individual work of so many nurses, there has been necessarily much shifting and changing of districts. This has meant that some nurses who have worked for years in one part of the town have had to be moved to another, that some nurses who have been doing a special work have had to give it up. Altogether it has not been easy for all the staff nurses to adjust themselves to these many changes, which could not have taken place if this fine spirit had not been constantly present.

Today preventive nursing is receiving more consideration than ever before. We do not feel that thorough work has been done if we leave a family cured of the illness only, and still living under unhygienic or unsanitary conditions sure to produce illness again in a little while. To meet these demands upon us, trained observation is a necessary qualification of the nurse of today. We must use our heads as well as our hands. Perhaps the most far-reaching effort we are making towards preventing the result of ignorance is in that which is known as prenatal nursing.

For ten years the nurses of this Association have been making prenatal visits to the mothers who have come under their care. It is a branch of the nursing service which received the special interest and attention of Miss Stark, and which is thoroughly approved by the doctors of the Boston Lying-in Hospital, with whom we do so much of our work.

Mrs. William Lowell Putnam, of the Women's Municipal League, who has been very active in this work for some time, is now giving us the service of her prenatal nurse for half of each day. Whenever we receive the name of a woman who is expecting her baby, no matter how long before the baby's birth we receive this name, our prenatal visiting begins. Once in ten days we intend to visit this patient. The visit lasts perhaps half an hour. The woman's physical condition is

carefully observed and certain examinations are made. The doctors most interested in this kind of work believe that the taking of the blood pressure is an important aid in following the patient's condition. So far only one nurse, the nurse provided by Mrs. Putnam, has been able to take this blood pressure test, because the instruments have been too expensive for us to buy. This physical side of the prenatal visits is of great importance. It is, however, only half of the value of such a visit.

One morning last week there were thirty-three babies on our list in the West End all less than ten days old—thirty-three babies—many of them little Italians whose mothers had not been long in this country. Is it not easy to see how many things these mothers need to be taught about baby hygiene before the baby is born, in order that he may come into a home suitable to help him in the struggle of his first two years of life? These young mothers are very eager to learn at this time, and the opportunity to educate our foreign neighbors seems to us greater through this means than any other. We made 6,405 prenatal visits last year. It is very delightful to visit in the home where a second baby is expected after the mother has once had prenatal visits from us. She has not forgotten, and results are very apparent. Making prenatal visits is a very cheerful occupation.

During this year another step, closely allied to preventive nursing, has been made possible to us. For years—I think I might say for the entire twenty-seven years during which this Association has been in existence—for years we have felt the need of a visiting housekeeper to stay longer in the homes than the nurse is able to do, to teach the family how to buy, how to cook, how to clean. At one time the Association was able to have such work done, but after a time it had to be dropped because all the funds are so urgently needed for the actual nursing service. This year two committees interested especially in this work have come to us and asked us to take into our Association two of these visiting housekeepers. Each

is a nurse. The Roxbury Charitable Society is paying the salary of one, and although she has been with them only two months, and has to spend much of her time in the Dispensary there, she is accomplishing something of real value in the Roxbury homes. In order to insure the success of this experiment with the Roxbury Charitable Society, we gave them one of our best supervising nurses to act as visiting housekeeper.

A committee of ladies has been very much interested for some time in what is known as a Childhood Health Exhibit. This exhibit is in charge of a nurse, and consists of samples of baby clothing, of baby cribs, of practical ice boxes, and of various other articles which have been found practical and economical and efficient in caring for children. This nurse has exhibited these things at schoolhouses, settlements, churches, and various other places. She visits the stores and finds the best articles at the lowest prices, and then she invites groups of mothers to learn what she can teach them. The committee on the Exhibit for Childhood Health felt that her service would be much more valuable if she were connected with a body which had a large circle of friends in the localities where such an exhibit is most needed. They felt, too, that much of her time might go into this same visiting housekeeping, so they made a similar arrangement to that of the Roxbury Charitable Society. They provide the salary of this visiting housekeeper for eight months, while we assume the direction of the work, and she goes into the families where we know so well the need is urgent.

A third committee interested in the work of Home Cookery Classes gave us the privilege last spring of arranging two series of home cookery classes. This whole work of visiting housekeeping is distinctly preventive, and it has been particularly delightful to us to have had the opportunity to connect it with our families, because we have wanted it for so long, because it is such a natural outcome of our own work, and because our own work of nursing demands so insistently all the money that we can find to carry it on.

I said that trained observation was a necessary asset for public health nurses. To help us to emphasize the need for this trained observation, and to teach us how to meet intelligently the situations it brings to light, we have established "case committees" in some of our branch stations. These informal meetings come once a week or less frequently. There is a chairman, who is not a trained worker. The group consists of a doctor, two members of the board of managers, one of the district secretaries of the Associated Charities, in South Boston and Roxbury a Roman Catholic priest, some one who is a resident of a settlement, the head nurse for that station, and such other workers in the neighborhood as will come in as occasion arises. Each nurse who has a family that worries her brings the story to this group. After general discussion, a plan is made for the nurse to follow during the week. To us these meetings have already been very helpful. The willingness of our neighbors to join this committee and give us the benefit of their advice has been one of the pleasant experiences of this winter.

An interesting development in East Boston has affected us very favorably. We have entered into a close relationship with the reorganized Maverick Dispensary. A member of our board is also a member of theirs. In the building at 18 Chelsea Street, East Boston, we have our branch station. Here also the Milk and Baby Hygiene Association has its office. Downstairs is a dispensary. One of our nurses is in attendance here every day. A social worker is constantly employed. There is a dental clinic. The close relationship existing between all these medical-social workers seems to us a very practical help and is certainly stimulating and inspiring.

In our desire to avoid duplication of effort in all our work, we are particularly glad to be able to record the fact that we have entered into a close affiliation with the Milk and Baby Hygiene Association. Their nurses meet with us once a month for discussion. We share in the responsibility of appointing the nurse to the station, and wherever we must

go into one of their homes for nursing purposes we undertake also the direction of the baby feeding, taking orders from the milk station nurse, so that their plan for the baby will be properly carried on.

In the beginning of the winter the Children's Hospital arranged a series of splendid clinics and lectures for us. The subjects chosen were those diseases most common in our daily experience, and to have the latest treatment described was very helpful to us; but perhaps most useful of all were the suggestions we got which help us to recognize early symptoms of these diseases as we go about from house to house.

Our work is visiting work. Our only specialty is our maternity service. During the last year we have visited 10,784 patients, the total number of visits to these patients being 107,969. Of these, 86,685 were nursing visits, 6,117 were instructive, 4,750 were friendly, 6,405 were prenatal, and we made 2,240 visits when we were unable to find the patient at home. Visits from day nurseries and Lowney's Factory amounted to 1,772. We brought forward on February 1, 1913, 856 patients. We discharged cured 2,784, improved 5,051, to hospitals 570, by death 370, to outpatient departments 278, unimproved 875, and patients brought forward, February 1, 1913, were 856. Amongst these 9,931 new patients we nursed 546 pneumonia patients, 3,914 maternity patients, and 826 chronic patients, who perhaps need our care more than any others. This 826 does not include the 134 tuberculosis patients we attended.

We must be social workers in the best sense of that expression. We must prove ourselves to be intelligent and far-seeing because our great asset, the natural approach to intimate relationship which illness in the home and the ministry to illness always brings, cannot be passed on or handed over to any other. Unless we take advantage of our privilege to help in the broadest sense, the opportunity, with all it may mean, must be lost. When illness comes into a family, that family has entered upon an experience common to all of us.

Sickness shows no distinction. When a family asks to have a nurse or doctor come to its relief, the intimacy of the relation is established almost before he or she arrives. We have not come to elevate, to instruct, or to investigate. We have come because we were sent for to minister to a personal need in a very personal way. The privilege of personal service is as great to the giver as to him who receives, and the privilege of intimate friendship belongs as much to one as to the other.

Branch stations, head nurses, record systems—all mean thorough work and efficiency. They mean that we are trying to meet the great responsibility thrust upon us by our great privilege of service.

To some of us visiting nursing seems the greatest modern force for the relief of unnecessary suffering caused by the cruelly unjust conditions of the present day. Much of all this sickness, ignorance, and poverty ought not to exist.

Our natural approach: the call for help and the response of personal service, with the small fee more readily paid with each patient explanation—these are splendidly democratic means of providing for the community what the community needs and what the more fortunate are eagerly ready to give.

STATISTICS

Number of cases under care, February 1, 1912	853	
Number of new cases during year	9,931	
Total		10,784
Number discharged, cured	2,784	
Number discharged, improved	5,051	
Number discharged to hospitals	570	
Number discharged to out-patient department	278	
Number discharged, unimproved	875	
Number discharged, died	370	
Number of cases under care, February 1, 1913	856	
Total number of visits		107,969
Total number of nursing visits	86,685	
Total number of instructive visits	6,117	
Total number of friendly visits	4,750	
Total number of prenatal visits	6,405	
Total number of visits to factory and nurseries	1,772	
Total number of visits where patient was not at home	2,240	
Total number of visits to Metropolitan Life Insurance Company patients	20,548	

NATIONALITIES

American	4,211	Italian	874
Assyrian	11	Lithuanian	52
Austrian	57	Newfoundland	15
Canadian	312	Norwegian	11
Chinese	1	Polish	189
Colored	108	Portuguese	27
Danish	3	Roumanian	4
Dutch	2	Russian	1,796
English	156	Scotch	57
Finnish	3	Spanish	2
French	35	Swedish	51
German	111	Swiss	1
Greek	34	Syrian	113
Hungarian	7	Unknown	3
Irish	1,684	Welsh	1

DISEASES

The Alimentary System

Intestines

Colitis	9	Enteritis	25
Constipation	60	Gastro-enteritis	28
Diarrhœa	67	Hernia	12
Dysentery	14	Intestinal obstruction	14

Liver and Bile Passages

Cirrhosis of liver	10	Hepatitis	1
Gallstones	21	Jaundice	3

Mucous Membrane of Mouth, Teeth, and Gums

Stomatitis	23	Teething	3
Defective teeth	22		

Peritoneum

Peritonitis	9

Pharynx, Tonsils, and Naso-pharynx

Adenoids	38	Tonsilitis	228
Pharyngitis	7	Peritonsillar abscess	10

Rectum

Fistula	3	Hemorrhoids	3
Abscess	1	Prolapsed	2

Stomach

Dilatation	1	Gastritis	34
Dyspepsia	88	Gastric ulcer	4

Vermiform Appendix

Appendicitis	28

Cardio–Vascular System

Gangrene	4	Thrombosis	2
Bedsores	5	Varicose veins	33
Addison's disease	1	Varicose ulcer	103
Anæmia	8	Phlebitis	18
Arterio-sclerosis	15	Cardiac diseases	214
Aneurism	3	Hemorrhage	4

THE CONNECTIVE TISSUE

Cellulitis	7	Œdema	12

DUCTLESS GLANDS

Goitre	1

MUSCULAR SYSTEM

Fallen arches	13

NERVOUS SYSTEM

Apoplexy	40	Herpes	4
Meningitis	14	Neuritis	50
Brain tumor	2	Neurasthenia	31
Cerebral hemorrhage	10	Other nervous diseases	9
Chorea	6	Hemiplegia	50
Epilepsy	3	Locomotor ataxia	8
Dementia	1		

OSSEOUS SYSTEM

Pott's Disease	1	Dislocation	6
Osteomyelitis	1	Synovitis	9
Rickets	15	Scoliosis	6
Arthritis	9	Hip disease	5

THE REPRODUCTIVE SYSTEM

Oöpheritis	4	Uterine diseases	17
Salpingitis	19		

Pregnancy and Associated Conditions

Pregnancy	1,716	Extra uterine	2
Confinement	2,198	Pernicious vomiting	2
Miscarriage	107	Septicemia puerperal	8
Eclampsia	1		

Vagina and Pelvic Floor

Vaginitis	7	Pelvic inflammation	11

MAMMARY GLAND

Abscess	54	Mastitis	10

RESPIRATORY SYSTEM

Croup	4	Pleurisy	98
Asthma	15	Rhinitis	147
Bronchitis	417	Frontal sinus	1
Laryngitis	11	Empyema	12
Pneumonia	546		

SENSE ORGANS

Eye

Purulent diseases	18	Simple	18

Ear

Mastoiditis	3	Otitis externa	19
Otitis media	14		

TEGUMENTARY SYSTEM

Dermatitis	28	Impetigo	29
Scabies	14	Ulcer	45
Eczema	48	Urticaria	3
Carbuncle	2		

Hair

Pediculosis	11

URINARY SYSTEM

Kidneys

Renal Calculus	2	Uremia	10
Nephritis	67		

Bladder

Cystitis	17

ASCARIS	8
OXYURIS VERMICULARIS	4
BOW-LEGS	1

INJURIES

Amputation	8	Sprains	56
Burns	81	Other injuries	138
Fractures	96		

DISEASES DUE TO MICRO-ORGANISMS

Diphtheria	7	Septicemia	6
Erysipelas	41	Syphilis	13
Gonorrhœa	4	Tuberculosis	135
Influenza	178	Varicella	48
Roseola	405	Typhoid fever	44
Parotitis	13	Pertussis	96
Rheumatism	343	Scarlet fever	10

LOCAL INFECTION

Infected Wounds

Infected wounds	132	Abscesses	114

CANCER 117

POISONINGS 8

MISCELLANEOUS CONDITIONS

Alcoholism	44	Malnutrition	62
Diabetes	16	Senility	31
Debility	129	Post operative	90

HEAT PROSTRATIONS 3

TUMOR 6

CONVULSIONS 9

UNKNOWN 82

UNCLASSIFIED 107

REPORT OF HEAD OF EDUCATIONAL DEPARTMENT

If it is true that the welcomed entrance of the District Nurse into the homes of her patients, and the work with her hands so easily understood, give a natural opening for further help, this brings with it the responsibility that the nurse use wisely and well her opportunities.

The reason for her being there is to give treatment to some one who is ill; by giving this nursing care thoroughly and kindly, the confidence and affection of the family are gained, and the nurse's advice, not only as to physical conditions but as to general standards of living, is more likely to be followed.

By teaching better standards and methods of living, and by encouraging struggling, disheartened people, no one can estimate what has been done in the past by individual district nurses towards the prevention of disease and dependency. But we ask that this be a recognized part of all district nursing, and that each nurse shall know how to use the resources of the community for the betterment of the family. Many other things may be needed in the homes besides her immediate care of the one who is ill; this means that she must be alert to the larger needs of the family, she must learn what other people or agencies stand ready to give, and how she can best connect her families with them.

The needs are various and complex, and may require the domestic educator (or visiting housekeeper), church visitor, settlement worker, librarians, workers with crippled children, with the blind, the feeble-minded, the Associated Charities, or the Society for the Prevention of Cruelty to Children. Therefore, the nurse must be familiar with these agencies and their representatives. She must also know of trade schools,

evening schools, and employment bureaus. She must be conversant with labor laws, especially for women and children, with sanitation and housing laws, etc.

The nurse soon learns that she cannot work alone in her problems, that there are these many other resources upon which she can draw for the good of her family, that all agents for public good are working toward the same end and should help each other in every possible way.

Therefore, some preparation beyond what the hospital training schools have so far given is needed for the graduate nurse, so that she may more readily meet her opportunities in public health work.

To meet this need, the Instructive District Nursing Association offers two courses: one of eight months, the other of four months. There are at present seven nurses in the eight months' course and ten in the four months'. The eight months' course includes half time with the Boston School for Social Workers. The other half of the students' time is with the Educational Department of the Instructive District Nursing Association. The tuition for this course is sixty dollars.

The portion of time spent in the School for Social Workers secures for the nurse the more important topics of the whole school program. There are three morning exercises weekly; a study class for discussion and conferences for working out practical problems, under the lead of persons familiar with them. There is also field work, under direction of the Associated Charities of Boston, with needy families in their homes.

Much of the time devoted to the work with the Instructive District Nursing Association is given to actual nursing in the homes, to following up of difficult problems where coöperation with many agencies may be necessary, to preventive work for babies, and to gaining experience in the wide variety of work coming under the observation of this Association. The nurse is given wide latitude in working out her own problems

and learns by doing, but in consultation with and under the constant supervision of experienced, expert workers.

Classes are held on the History, Principles, and Administration of Public Health Nursing.

These include the origin of district nursing, its purposes, principles, and methods, records and record keeping, organization, administration, and reports; the development of school nursing, preventive work for babies, tuberculosis nursing, welfare work in shops and factories, hospital social service, and rural nursing.

Opportunity is given to observe these various branches of nursing, with the exception of rural nursing.

A special course on the Medical-Social Relation of Disease is open to these students.

A course of eight months is highly desirable; but after the three years spent in preparation as a nurse, there are some graduate nurses who cannot afford the time and money for eight months' preparation for public health work, and we therefore feel the shorter course fills a needed place.

We realize that four months is a short time, but we claim for this course that it broadens the nurse's point of view and shows her along what lines she can develop her work.

The tuition for the four months' course is free. It embraces three weekly morning classes on the following subjects, for which reading is required:

1. History, Principles, and Administration of Public Health Nursing as described for the eight months' course.

2. Medical-Social Relations of Disease, including what can be done towards prevention as well as treatment in Infant Mortality, Tuberculosis, Neurasthenia, Occupational diseases, Venereal diseases, and Alcoholism. Proper nutrition of families is also considered.

3. Elements of Sociology and Social Progress.

This aims to give the nurse a sympathetic understanding of the home conditions and lives of her patients. It considers nationality, immigration, housing, sanitary regulations and

opportunities for health, education, recreation, etc., and acquaints the student with what other agencies are doing towards social progress and how nurses can best coöperate with them.

The field work consists, first, in nursing the patients under the care of the Instructive District Nursing Association for two months. An instructor goes into the homes with the nurse, works with her, and guides her in her work. One month is given to work with the Milk and Baby Hygiene Association and one month to work with the Boston Associated Charities. As a part of these studies, visits are made to various agencies to observe their work, thereby making the reading and class discussion both clear and practical.

In all this work we recognize the need of the right type of woman for a public health nurse, but the fuller understanding of the social side of her work, combined with the spirit of the teaching given, will do much towards developing these qualities.

Scholarships may be obtained for a limited number of nurses in both courses.

A library of over fifty volumes has been given for the use of the nurses in the school.

TREASURER'S REPORT

In the year just closed, the income for the general work of the Association was $53,323.08, and $51,922.20 was expended. Out of the balance, $1,187.58 was paid back to the Permanent Fund, leaving an indebtedness to this fund of $3,045, due to the deficit incurred in the previous year.

The annual income of the Mrs. Arthur T. Lyman Fund, $290, was received from the trustees, and $74.18 was spent for special cases and $142 paid to sick nurses, for whose benefit the fund was given.

Contributions to the Comfort Fund amounted to $25, and $82.49 was spent for patients.

From time to time, friends of the Association have given money for special cases in which they were interested, and the Association will be pleased to receive any sums for this work and to give the patients their best attention.

An additional sum of $240 was received from the estate of Nancy E. Rust, and $10,084.95 was contributed to the Permanent Fund. A fund of $5,000 was given in memory of Francis H. Cummings.

The contributions to the $100,000 fund which the Managers started to raise last year amount at this time to over $68,000, and it is hoped that before next year the whole amount will have been raised. The Ways and Means Committee should be given a great deal of credit for permitting the Association to increase its work without incurring a deficit, and it is hoped that all who responded to their appeals last year will contribute the same amount or even more this year, so that the deficit of last year will be entirely paid off.

INVESTMENTS

January 31, 1913

Permanent Funds

$10,000	Amer. Tel. & Tel. Co. Bonds, 4%	$9,726.78
4,000	Amer. Ag. Chemical Co. Bonds, 5%	4,060.00
1,000	Chi. Jct. Rys. & U. Stk. Yds. Co. Bds., 5%,	991.25
6,000	Illinois Steel Co. Bonds, 5%	6,040.25
9,000	Illinois Steel Co. Bonds, 4½%	8,235.00
5,000	Cen. Hudson Gas & Electric Co. Bds., 5%,	5,000.00
10,000	Pacific Tel. & Tel. Co. Bonds, 5%	9,868.75
10,000	Seattle Electric Co. "Everett" Bonds, 5%,	9,827.50
10,000	Western Electric Co. Bonds, 5%	9,900.00
10,000	Western Tel. & Tel. Co. Bonds, 5%	9,998.75
2,000	Chicago Telephone Co. Bonds, 5%	2,075.00
10,000	Mass. Electric Cos. Notes, 4½%	9,800.00
3,000	Elizabeth D. Bacall, Mortgage, 4½%	3,000.00
50 shares	Chi. & Northwestern R. R.	7,962.06
130 shares	General Electric Co.	16,113.76
100 shares	The Pullman Co.	16,402.62
100 shares	American Tel. & Tel. Co.	13,484.25
20 shares	Massachusetts Mills in Georgia	2,000.00
	Estate, 561 Massachusetts Avenue	10,917.80
	Loan to Income	3,045.00
	Cash	6,103.53
		$164,552.30

General Funds

$8,000	American Tel. & Tel. Co. Bonds, 4%	$7,853.22	
1,000	Illinois Steel Co. Bonds, 5%	952.25	
2,000	N. Y. Cent. & Hud. R. R. Bonds, 3½%	1,960.00	
5,000	Seattle Electric Co. Bonds, 5%	5,000.00	
	Cash	6.78	
			15,772.25
			$180,324.55

January, 1913, the General Electric Co. paid a stock dividend of 30%, and 30 shares new stock were received in payment of 30% of 100 shares old stock.

The following special bequests are included in Permanent Funds, viz.:

Sarah S. Upham Fund	$24,000.00
Robert Charles Billings Fund	2,500.00
Abbie C. Howes Fund	10,000.00
Bertha J. Raemisch Memorial Fund	20,000.00
Francis H. Cummings Memorial Fund	5,000.00
Anne P. Cary Fund	10,175.00

STATEMENT OF THE RECEIPTS AND EXPENDITURES

For the Year Ending January 31, 1913

CAPITAL

Permanent Funds

$10,000 Western Tel. & Tel. Co. Bonds, paid	$10,000.00	
2,000 Cal. & Hecla Mining Co. Notes, paid	2,000.00	
Premium on Cal. & Hecla Mining Co. Notes, paid, charged to Income	45.00	
Received from Income on account of loan, 1912,	1,187.58	
Legacy from Estate of Nancy E. Rust, balance,	240.00	
Additions to Permanent Funds	15,084.95	
		$28,557.53
Balance from last account		5,874.76
		$34,432.29

STATEMENT OF THE RECEIPTS AND EXPENDITURES

For the Year Ending January 31, 1913

CAPITAL

Permanent Funds

Paid for $2,000 Seattle Electric Co. "Everett" Bonds, 5%	$1,980.00	
Paid for $9,000 Illinois Steel Co. Bonds, 4½%,	8,235.00	
Paid for 100 shares General Electric Co.	16,113.76	
Paid for 20 shares Massachusetts Mills in Georgia	2,000.00	
		$28,328.76
Cash in State Street Trust Co.	$4,870.95	
Cash in Old Boston National Bank	1,232.58	
		6,103.53
		$34.432.29

STATEMENT OF THE RECEIPTS AND EXPENDITURES

FOR THE YEAR ENDING JANUARY 31, 1913

Income

Received as follows:			
Dividends on Stocks	$2,550.00		
Interest on Bonds	5,080.00		
Interest on Mortgage	135.00		
Interest on Bank Deposit	47.85		
		$7,812.85	
Donations	$24,761.52		
Annual Subscriptions	3,801.00		
Sundry Items	366.38		
Care of Patients	16,581.33		
		45,510.23	
This latter amount is made up as follows:			
Rec'd from Metropolitan Life Ins. Co.	$10,497.85		
Rec'd from Dorchester Relief Society	1,000.00		
Rec'd from Walter M. Lowney Co.	708.91		
Rec'd from Roslindale Community Club	335.72		
Rec'd for Jamaica Plain Nurse,	439.00		
Rec'd for Milk Fund Nurse	611.74		
Collected by Nurses	2,988.11		
	$16,581.33		
Balance from last account		9.19	
			$53,332.27
Mrs. Arthur T. Lyman Fund:			
Rec'd for above Fund		$ 290.00	
Balance from last account		161.85	
			$451.85
Comfort Fund:			
Rec'd for above Fund		$ 25.00	
Balance from last account		235.74	
			$260.74
			$54,044.86

STATEMENT OF THE RECEIPTS AND EXPENDITURES

FOR THE YEAR ENDING JANUARY 31, 1913

Income

Paid Salaries of Director and Assists.,	$3,029.99		
Paid Salaries of Regular Nurses .	30,678.36		
Paid Salaries of Special Nurses . .	1,185.57		
		$34,893.92	
Paid Incidental Expenses of Director, Assistants, and Nurses, including car fares		3,919.34	
Paid Incidental Expenses of Assistant Nurses from Hospitals . .		604.23	
Paid from Mrs. Arthur T. Lyman Fund			
for care of Special Cases . .	$ 74.18		
for care of Sick Nurses . .	142.00		
		216.18	
Paid Salaries for Office Work		1,994.01	
			$41,627.68
Paid House Expenses, 561 Massachusetts Avenue:			
Repairs		$ 96.36	
Household Supplies		397.08	
Running Expenses		4,856.94	
			5,350.38
Paid for Supplies for Nurses		$1,718.86	
Paid for Annual Report and Postage . . .		362.96	
Paid for Stationery, Printing, and Postage . .		583.97	
Paid for Telephone		634.88	
Paid for Card System and Supplies . . .		506.90	
Paid for Rent of Supply Rooms and Rooms for Nurses		173.25	
Paid for Expenses of Branch Stations . . .		572.07	
Paid for Sundry Items		607.43	
			5,160.32
			$52,138.38
Paid from Comfort Fund			82.49
Amount carried forward,			$52,220.87

Amount brought forward,		$52,220.87
Paid Accrued Int. on $2,000 Seattle Electric Co. "Everett" Bonds, bought	$ 47.78	
Paid Accrued Int. on $9,000 Illinois Steel Co. Bonds, bought	37.88	
Paid Premium on $2,000 Cal. & Hecla Mining Co. Notes, paid	45.00	
		130.66
Paid Permanent Fund Account Loan of 1912 .		1,187.58
Balance of Cash in Old Boston National Bank		
belonging to Mrs. A. T. Lyman Fund . .	$ 235.67	
belonging to Comfort Fund	160.41	
		396.08
Balance of Cash in hands of Agent		
belonging to Income	$ 91.83	
belonging to Comfort Fund	17.84	
		109.67
		$54,044.86

INGERSOLL BOWDITCH, *Treasurer.*

AUDITOR'S CERTIFICATE

40 State Street, Boston, February 24, 1913.

INGERSOLL BOWDITCH, ESQ., *Treasurer.*

DEAR SIR: In accordance with your desire I have made an examination of your books and accounting affairs as Treasurer of THE INSTRUCTIVE DISTRICT NURSING ASSOCIATION for the year ending January 31, 1913, and have the honor to report to you as follows:

REPORT

The audit comprised the thorough revision of the clerical work performed, such as the verification of additions, postings, etc., of the books which deal with the income and outgo of moneys. All vouchers of disbursements were examined, checked, and stamped, and were found to completely sustain the record of expenditures. I proved the correctness of the amount of money on deposit in banks February 1, 1913, which was that required by the cash book. I reviewed all postings from the cash books to the journal and from the journal to the ledger, and finally traced all results into the closing balance sheet, which is correct and a true statement of the condition of the Association at that time, to the best of my knowledge and belief. I examined also the securities owned by the Association, finding them in all details in accordance with the requirements of the records, and have seen that the income from these has been properly accounted for upon the books. The books are being kept in a commendable manner.

Yours very respectfully,

ANDREW STEWART, *Certified Public Accountant.*

TRUE STORIES TOLD BY NURSES

I

IT is often said that a person may be judged by the kind of stationery he uses. The district nurse does not think this holds true in every case; for instance, a nice, clean mother may send the nurse a note written on a scrap of brown paper torn from a bag, on which she says, "Dear nurse, please send the doctor quick, Dennis is swellin something awful." The doctor had finished his rounds for the day, therefore the nurse must visit the home and see if Dennis's swelling is very serious.

The house was in a dark, cold alleyway. There were lace curtains at the window—relics of better times. There were three rooms and four children. A glance at Dennis convinced the nurse that although he was pretty sick there was no swelling except what seemed to be due to rapid respiration. The child begged for a drink of water—cold water. His mother was afraid that Dennis was getting too much water and that his difficulty in breathing was due to this.

The nurse first took Dennis's temperature, pulse, and respiration, and finding he had a temperature of 104, telephoned the Boston Dispensary—an emergency call for a doctor. Then the nurse gave Dennis a bath, put on a clean nightgown, and made up the bed clean. Then she pulled the bed over nearer the window and lowered the window from the top, that he might have fresh air to breathe.

The doctor came from the Dispensary. He said that Dennis had pneumonia, and sent him to the hospital that evening. It was a great blessing to this poor mother, who did not have a cent to spare with which to pay a doctor. The nurse was equally grateful that the poor child did not have to spend another night in the same bed with his two brothers. His condition was already critical.

He has returned home from the hospital looking well and happy. His mother continues to send notes to the nurse. The home seems more cheerful, and even the stationery used is of better quality.

II

No part of this street ever seemed cheerful or inviting, but the end near the railroad yard was decidedly depressing. Mrs. A. lived in a dismal-looking tenement house, with several blinds hanging off and here and there a broken pane of glass, with a piece of newspaper or an old skirt inserted to keep out the cold and the dust. The nurse, although accustomed to dark entries and narrow stairways, could not help feeling a little of the atmospheric depression. Climbing the stairs she knocked on the door, and was invited to "come in" in a very weak voice by a woman, who was in bed in a little bedroom off the kitchen.

The case had been referred by the district doctor. The woman had nephritis. She had been in bed three days. She was a widow with five small children to support. Her husband was killed a year ago while delivering a load of coal in the business section of the city. He was obliged to use an elevator to reach the person who was to sign the paper which teamsters use in such cases, and through some imperfection in the mechanism of the elevator he was carried to the ceiling and crushed to death.

The widow was left with no insurance, no people, no education or trade, and with five little children, to face the world. She had not worked outside her own home since her marriage. She had not needed to. She had a good, thrifty husband, who gave her his week's pay every Saturday night. The children were well fed and nicely dressed. They were kept at school, for the parents hoped to give their children a better start in life than they themselves had had. After the man was dead, the widow prevailed upon her cousins, two young men, laborers with small pay, to come to board with her. She secured

work for three hours every day. For this she was paid five dollars and sixty cents a week. On the money earned in this way three adults and five children had to be supported. Is it any wonder that the poor woman lost her health, with housework and cooking for eight people, besides three hours every day at cleaning?

Mrs. A. did not want charity. She wanted health and work. She was happy in caring for her children and looking forward to the time when the boy, who will graduate from the grammar school in six months, would be able to add to their income.

She had pawned some of her blankets to buy shoes for the children, rather than accept charity. There was a great deal to be done in this case. Each morning the nurse called, finding always Mrs. A. waiting expectantly for her care and encouragement.

She bathed and rubbed the patient, combed her hair, made the bed, and made the room tidy. By her instruction the children procured medicine from the Dispensary and milk from the Diet Kitchen. During one of her visits she found that Mrs. A.'s greatest fear was that she would be obliged to go to a hospital and that the children would be placed in a home. She told the nurse that every time she tried to sleep, in imagination she saw the children being carried off by strangers, and that their crying in her ears when she awoke was sweeter than any music she had ever heard.

The doctor hoped that two months in bed most of the time might put Mrs. A. into a physical condition to support her family again.

The family was referred to the Case Committee for that district. With this temporary treatment in view, a plan was made to help her. A member of the Case Committee, on hearing of the family, very generously offered to pay a woman to go in and cook for the children and boarders. Another offered to give some money as a Christmas gift, and a third said that she would send a Christmas dinner.

A suitable charwoman was found, who went in every morning at six o'clock, made the fire and prepared the breakfast, dressed the children and sent them to school. Then she gave Mrs. A. her nourishment, cleaned the place, and made the beds. At noon she attended to the children and sent them back to school. The mother became more cheerful and improved, though slowly. After a while she was prevailed upon to accept permanent aid from a relief society, with the understanding, however, that the children were not to be pauperized.

III

Mr. B. was twenty years old when he came to America. He left behind him in sunny Italy a nice young girl about his own age. He had no trade. He spoke no English, but his courage was good and his affection for the girl was very inspiring. He secured work as a laborer, and by saving every cent that he did not have to spend for the necessaries of life, in two years he had money enough to pay the girl's passage to America and furnish two rooms.

As neither has any relatives in Boston, they were married at the dock and went directly to the new home.

The young wife came under our care in the regular routine of our prenatal service, when she knew that she would soon become a mother. No wonder she was timid. What did she know about babies and baby clothing? It was touching to feel her welcome when we visited her. All our advice as to her diet, sleep, exercise, fresh air, rest, and proper dressing was eagerly accepted and carefully followed.

Then followed the buying of the material for the infant's slips, gertrudes, bands, shirts, blankets, etc. The eagerness with which this girl grasped things and her appreciation of the fact that, although their income was small and they were far from their own people, they were to have as much for their baby as any English-speaking neighbor in perhaps better circumstances, were pleasant to see.

The baby was born. There was great rejoicing. For ten days the nurse made daily visits, took the mother's temperature, pulse, and respiration, washed her face and hands, combed her hair, changed her clothing, made the bed, and bathed the baby. Every day or two she gave the patient a bed bath. How much the baby looks like his father and his grandfather! His eyes are dark and even his hair is beautiful.

All the family linen was brought out of the box, the crocheted laces and ruffles were put on the beds and pillows. Everything was so clean and satisfactory. In spite of the smallness of the income, there was an air of great joy in this little home. How the nurse wished she understood their language when they talked about their son and heir, and tried to tell her how much they appreciated what had been done for them!

The best of this story will be told when a second son is expected in that home, for with such a responsive patient lessons once learned are not forgotten.

IV

"Nurse, will you please go as soon as you can to 800 Q Street? At this address I am treating a poor man who is suffering from cancer of the large intestine. Dress his wounds and try to cheer his wife. You may call on me at any time. I shall always be glad to help this poor man. He has seen better days." The nurse lost no time in going to the patient.

The family lived in one of the nicest houses in the district, on a clean, wide street. A ring at the bell brought the sad-faced little wife to the door. She greeted the nurse and tried to smile bravely. She was shown into the flat—a clean, comfortable, and airy one. The family had a high standard of living. The nurse studied the doctor's instructions and then went into the sick room. It was clean and well-aired, but very cold, with only one stove to heat six rooms. Buying a stove now was out of the question.

The patient, on seeing the nurse, tried to smile too. He was an intelligent, hardy-looking man of about fifty years of age, had been married several years, and had five children. He had worked steadily at his trade as roofer, and had saved a little for a rainy day or a trip to the old land, for he had been in America only seven years. He was devoted to his family and respected by all who knew him.

About six months ago he began to feel ill. He consulted a doctor, was treated for a time and deferred operation. He was prevailed upon, however, to go to a hospital, was operated upon, and found to be incurable. He was discharged from the hospital, still sick in body and mind, with no money except what was being given him by his own National Society. The children, who were working, made so little and the wife was depressed and heart sick.

The State Hospital was spoken of, to the family's great distress, but there was no money for a doctor or nurse, and though the wife loved him dearly she could not properly care for him.

The nurse gave morphine hypodermically, according to the doctor's orders, then dressed the wound and put on a gauze and cotton dressing. She bathed and rubbed his aching body, changed his linen, and made his bed. She then had to give more medicine.

The nurse spoke to the wife about a stove for the room. Of course it could not be paid for by the family, and they would not accept charity. The family was referred to the Case Committee, and before long the stove was secured.

The man, feeling more comfortable, began to talk of what he intended to do when he got back to work. The doctor and the nurse were to be paid. The trip to the old country was to be deferred—this with a sigh, "for," said he, "I was looking forward to seeing the auld place some time in May, when the hawthorn is in bloom and the heather all green and white."

The nurse has gone to attend this patient every day for three months. She feels close to the family, and often won-

ders what would have become of this man if he had been left to lie helpless in bed all these weeks with devoted but untrained care.

Picture a case like this, without a doctor cheerfully visiting his patient by day or night, without a Comfort Fund on which to draw for extra milk, morphine, and dressings, or without the daily visit of the nurse!

The patient is greatly cheered, although he cannot live much longer. His suffering has been greatly decreased. He has jestingly said that he is going to die—"but like a gentleman or a soldier, with his face toward the foe."

ACT OF INCORPORATION

No. 3480

COMMONWEALTH OF MASSACHUSETTS

BE it known that whereas Phebe G. Adam, Anita E. Wheelwright, Mary Minot, Hannah A. Adam, Judith W. Andrews, Abbie C. Howes, Margaret Greene, Clara T. Endicott, Susannah R. Norcross, Alice D. Chandler, Emily W. Appleton, and others, have associated themselves with the intention of forming a corporation under the name of The Instructive District Nursing Association, for the purpose of caring for the sick poor at their homes, and for instruction in home nursing, and have complied with the provisions of the Statutes of this Commonwealth, in such case made and provided, as appears from the certificate of the President, Treasurer, Secretary, and Managers of said corporation, duly approved by the Commissioner of Corporations, and recorded in this office;

Now, therefore, I, Henry B. Pierce, Secretary of the Commonwealth of Massachusetts, do hereby certify that said P. G. Adam, A. E. Wheelwright, M. Minot, H. A. Adam, J. W. Andrews, A. C. Howes, M. Greene, C. T. Endicott, S. R. Norcross, A. D. Chandler, E. W. Appleton, and others, their associates and successors, are legally organized and established as, and are hereby made an existing corporation under the name of, The Instructive District Nursing Association, with the powers, rights, and privileges, and subject to the limitations, duties, and restrictions which by law appertain thereto.

Witness my official signature hereunto subscribed, and the seal of the Commonwealth of Massachusetts hereunto affixed, this twenty-sixth day of December, in the year of our Lord one thousand eight hundred and eighty-eight.

HENRY B. PIERCE,

[SEAL] *Secretary of the Commonwealth.*

BY-LAWS

ARTICLE I. The Corporation of the INSTRUCTIVE DISTRICT NURSING ASSOCIATION shall consist of the persons named in the Act of Incorporation; of all persons who have been or at any time shall be members of the Board of Managers or incumbents of the office of Treasurer; of the members for the time being of the Advisory Board or of the Committee on Finance except the Treasurer; of such persons as shall contribute to the funds of the Association at any one time the sum of one hundred dollars ($100) or more each; and of such other persons as shall be, at any meeting of the Corporation, elected members by ballot—the affirmative vote of two-thirds of those present and voting being necessary for a choice.

ARTICLE II. The Officers of the Association shall consist of a President, two Vice-Presidents, a Secretary, a Treasurer, and not less than eleven nor more than twenty-three Managers, all of which officers together, except the Treasurer, shall constitute the Board of Managers.

The said Board shall have the entire management of the business and the property of the Association; and especially shall have power to manage, lease, mortgage, and convey any real estate, and to assign, discharge, and foreclose any mortgages, that shall at any time belong to the Association, and to designate the officer or officers to sign all deeds and other instruments, and to do all acts necessary or proper in the premises.

ARTICLE III. The President, the Vice-Presidents, the Secretary, the Treasurer, and the Managers shall be chosen by ballot at the annual meeting of the Association, or at any adjournment thereof, or at any meeting in lieu of such annual meeting as provided in Article IV of these By-Laws; and shall hold their offices till the last Wednesday of the following February, and till others are chosen and qualified in their stead.

ARTICLE IV. The financial year shall end with the last day of January of each year. The annual meeting of the Association shall be held on the last Wednesday of February in each year, at such place and time as the Board of Managers shall direct, except that if the last Wednesday of February shall in any year fall on the twenty-second day of the month, then the annual meeting shall be held on the following day. In the event of the annual meeting, by mistake or otherwise, not being called and held as herein prescribed, the Board shall order a special meeting to be called and held in lieu of and for the purpose of the annual meeting.

ARTICLE V. Any vacancy in the Board of Managers, including the offices of President, Vice-President, Secretary, and Treasurer, may be filled by the Board, whether such vacancy arises from the failure of the Association to elect the complement authorized by the By-Laws or from any other cause.

ARTICLE VI. Special meetings of the Association may be called by the Board of Managers, and shall be called by the President whenever requested thereto by ten members of the Association by a written instrument, which shall also state the purposes for which the meeting is to be called.

ARTICLE VII. At any meeting of the Association ten members shall constitute a quorum; but a smaller number may adjourn any meeting to a specified time and place.

ARTICLE VIII. The Board of Managers shall hold meetings for the transaction of business at least once in each calendar month, except the months of June, July, August, and September. Special meetings of the Board may be called by the President.

Five members of the Board shall constitute a quorum.

ARTICLE IX. There shall be an Advisory Board of not less than seven persons, to be elected by the Board of Managers. The Advisory Board shall be consulted by the Board of Managers whenever it is deemed necessary to refer to them for counsel. There shall also be a Committee on Finance, to consist of the Treasurer, *ex officio,* and of two other men, the latter to be elected by the Board of Managers. The Treasurer shall consult at least one other member of this committee, and shall obtain his approval in writing before investing any funds or changing any investment belonging to the Association.

ARTICLE X. The President, or in her absence one of the Vice-Presidents, shall preside at all meetings of the Association and of the Board of Managers.

ARTICLE XI. The Secretary, who shall be sworn, shall be Secretary both of the Association and of the Board of Managers, shall attend their meetings and keep accurate records thereof, shall give notice of all meetings of the Association or of the Board at least three days before the time of meeting, and shall perform all other duties incident to the office.

ARTICLE XII. The Treasurer shall have custody of the funds and the securities of the Association, shall receive all moneys and, when duly authorized, shall make all payments, shall keep full accounts, shall acknowledge all donations and subscriptions, and shall present at each

regular meeting of the Board of Managers a statement of the current condition of the treasury, and at each annual meeting of the Association an account of the receipts and expenditures for the preceding financial year.

An Auditor to examine the Treasurer's books and accounts shall be appointed annually by the Board of Managers.

ARTICLE XIII. These By-Laws may be amended at any meeting of the Association, notice of the proposed amendment having been included in the notice of the meeting, and the proposed amendment having been read at a previous meeting either of the Association or of the Board of Managers.

MEMBERS OF THE CORPORATION

Extract from the By-Laws.—ARTICLE I. The Corporation of the Instructive District Nursing Association shall consist of the persons named in the Act of Incorporation; of all persons who have been or at any time shall be members of the Board of Managers; of the members of the Advisory Board for the time being; of such persons as shall contribute to the funds of the Association at any one time the sum of one hundred dollars ($100) or more, each; and of such other persons as shall be, at any meeting of the Corporation, elected members by ballot—the affirmative vote of two-thirds of those present and voting being necessary for a choice.

Abbé, Mrs. William Alanson
*Adam, Miss Hannah A.
*Adam, Miss Phebe G.
Adams, Mrs. Charles F., 2d
Agassiz, Mrs. George R.
Alford, Miss Martha A.
Allan, Mrs. Bryce J.
Ames, Mr. Hobart
Ames, Mr. John S.
Ames, Miss Mary S.
Amory, Mr. Charles W.
Amory, Mrs. Charles W.
Amory, Miss Susan C.
Anderson, Mrs. Larz
Andrews, Mrs. Judith W.
*Appleton, Mrs. William
Atkins, Mr. Edwin F.
Auchmuty, Mrs. R. T.
Ayer, Mrs. Frederick
Ayer, Mrs. James B.
Bailey, Mrs. James A.
Balch, Franklin G., M.D.
Bartlett, Miss
Bartlett, Miss Fannie
*Bartlett, Mrs. Matthew
Bartol, Mrs. John W.
Batchelder, Miss Mary E.
Baylies, Mrs. Walter C.
Beebe, Miss Emily E.
Beebe, Mr. E. Pierson
Beebe, Mr. F. H.
Bird, Mr. Charles S.
Black, Mr. George N.
Blake, Miss Marian L.
Blake, Mr. Robert P.
Blake, Mrs. S. Parkman
*Blake, Mr. S. Parkman
*Blake, Miss Theresa H.
Bolles, Mrs. R. F.
Bowditch, Miss Charlotte
Bowditch, Mr. Charles P.
Bowditch, Mr. Ingersoll
Bowditch, Vincent Y., M.D.
Bradford, Mrs. Harry
*Bradlee, Miss Helen
Bradley, Mr. Robert S.
Bradley, Miss Rosamond
Brooks, Miss Martha H.
Brooks, Mr. Peter C.
Brooks, Mrs. Peter C.
Brooks, Mrs. Shepherd
Brown, Mrs. Howard N.
Bullard, Miss Ellen
*Cabot, Mrs. Susan B.
Cabot, Mrs. Hugh
*Carter, Miss M. Elizabeth

Carter, Miss Nellie P.
*Cary, Miss Anne P.
Cary, Miss Ellen G.
Cary, Mrs. E. M.
Cary, Miss Georgina S.
Cary, Mr. Hamilton
Cary, Miss Kate
*Cary, Mrs. Richard
Case, Mrs. J. B.
Case, Miss Louise W.
Castle, Mrs. W. R., Jr.
Chandler, Mrs. F. W.
Cheney, Mrs. Arthur
Clark, Mrs. Frederic S.
*Coburn, Mrs. G. W.
Cochrane, Mr. Alexander
Codman, Miss Catharine A.
Codman, Mrs. Ernest A.
Collamore, Miss Helen
Converse, Mr. Harry E.
Coolidge, Mrs. T. Jefferson, Jr.
Coolidge, Mr. J. Randolph
Coolidge, Mrs. J. Randolph
Cordner, Miss Elizabeth P.
Cotting, Mr. Charles E.
*Crafts, Mrs. James M.
Cummings, Mrs. Charles A.
Curtis, Mrs. C. P.
Curtis, Mrs. Greely S., Jr.
Curtis, Mrs. Horatio G.
Cutler, Elbridge G., M.D.
Dalton, Mrs. Charles H.
Dane, Mr. Ernest B.
Dane, Mrs. Ernest B.
*Debuchy, Mrs. Albert
DeFord, Miss Alice
Denny, Miss Emily G.
DeNormandie, Mrs. Robert L.
Derby, Mrs. George S.
*Dixwell, Mr. Epes S.
Donald, Mrs. William A.
Duryea, Mrs. Herman
*Dwight, Mr. Edmund
Ehrlich, Mrs. Henry
Endicott, Mr. William
Endicott, Mr. William, Jr.
Estabrook, Mr. Arthur F.
Fairchild, Mrs. Charles
Farnsworth, Miss A.
Fenno, Mrs. L. Cartaret
Fitz, Mrs. Reginald H.
Fitz, Mrs. W. S.
Forbes, Mrs. William H.
Freeman, Mrs. James G.
French, Miss C. L. W.
Gaston, Mr. William A.
Gay, Mr. W. O.
*Glover, Mr. Joseph B.
Goldthwait, Mrs. Joel E.
Goodwin, Mrs. William H.
Grandin, Mrs. J. Livingston, Jr.
Gray, Miss Harriet
Gray, Mrs. Horace
Greene, Mrs. Edward Farnham
Greene, Mr. Francis B.
Greene, Mrs. J. S. Copley
Greene, Miss Margaret
Grew, Mrs. Henry S.
*Grew, Mr. Henry S.
*Grinnell, Mrs. Charles E.
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Richardson, Mrs. Frederick L. W.	10.00
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Bradlee, Mrs. J.	10.00
Bradlee, Miss Sarah C.	25.00
Brooks, Mrs. S.	100.00
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Bullard, Mrs. W. S.	10.00
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Friend	4.00
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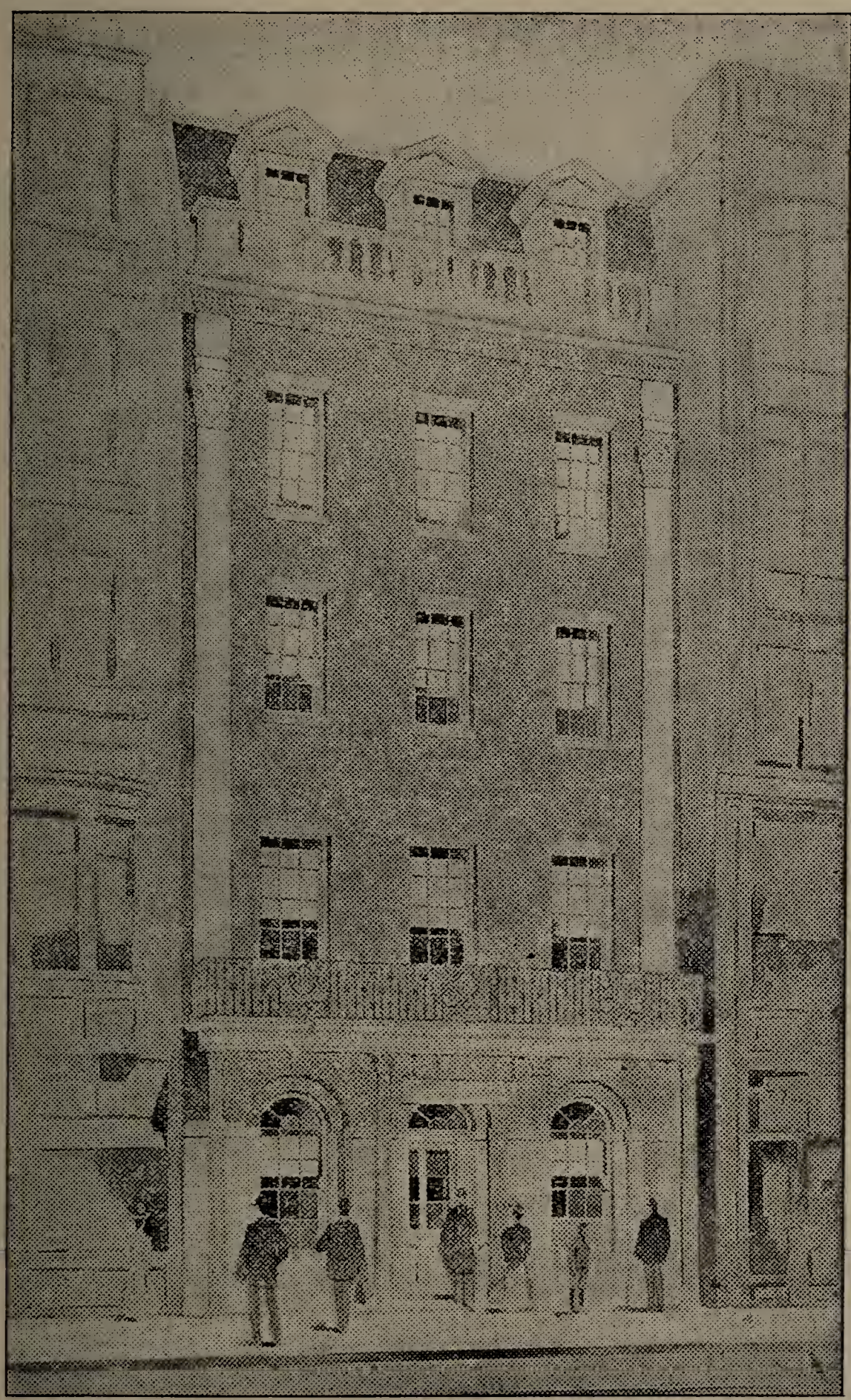

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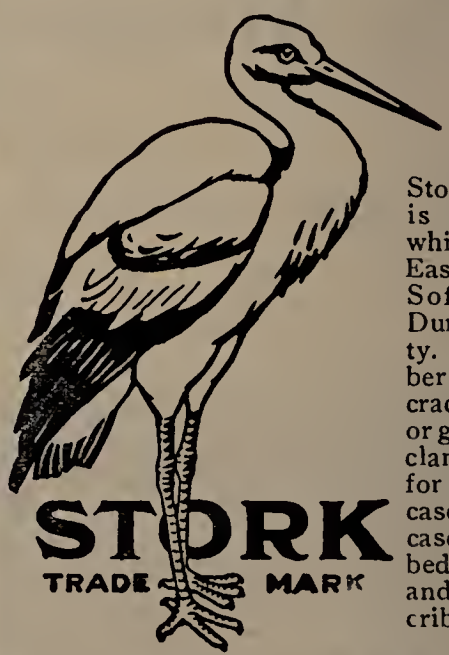

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